

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

Houston Division

United States Courts Southern
District of Texas

FILED

06/30/2022

Nathan Ochsner, Clerk of Court

Case No. **4:22-cv-3066**
(to be filled in by the Clerk's Office)

JONATHAN K. ISAIAH

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

R & L CARRIERS, INC., R & L CARRIERS
SHARED SERVICES, LLC & R & L CARRIERS
PAYROLL, LLC

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	JONATHAN K. ISAIAH
Street Address	2031 Westborough Drive #206; Mailing: P.O. 842602
City and County	Katy; Mailing: Houston
State and Zip Code	Texas
Telephone Number	77449; Mailing: 77284
E-mail Address	jonathan.isaiah@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Defendant No. 1

Name	R & L CARRIERS, INC.
Job or Title (<i>if known</i>)	C/O RALPH ROBERTS, CEO; ROBY ROBERTS, TREAS.
Street Address	600 GILLAM RD.; P.O. BOX 271
City and County	WILMINGTON, CLINTON COUNTY
State and Zip Code	OHIO 45177
Telephone Number	937-382-1494
E-mail Address (<i>if known</i>)	

Defendant No. 2

Name	R & L CARRIERS SHARED SERVICES, LLC
Job or Title (<i>if known</i>)	C/O RALPH ROBERTS, CEO; ROBY ROBERTS, VP
Street Address	600 GILLAM RD.; P.O. BOX 271
City and County	WILMINGTON, CLINTON COUNTY
State and Zip Code	OHIO 45177
Telephone Number	800-543-5589
E-mail Address (<i>if known</i>)	

Defendant No. 3

Name	R & L CARRIERS PAYROLL, LLC
Job or Title (<i>if known</i>)	C/O RALPH ROBERTS, CEO; ROBY ROBERTS, VP
Street Address	600 GILLAM RD.; P.O. BOX 271
City and County	WILMINGTON, CLINTON COUNTY
State and Zip Code	OHIO 45177
Telephone Number	937-382-1494
E-mail Address (<i>if known</i>)	

Defendant No. 4

Name	CT CORPORATION
Job or Title (<i>if known</i>)	REGISTERED AGENT FOR ALL R & L CARRIERS ENTITIS
Street Address	1999 BRYAN ST., #900
City and County	DALLAS, DALLAS COUNTY
State and Zip Code	TEXAS 75201
Telephone Number	214-979-1172

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E-mail Address *(if known)* _____**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name R & L CARRIERS, LLC/INC.

Street Address 95 OATES RD.

City and County HOUSTON, HARRIS COUNTY

State and Zip Code TEXAS 77013

Telephone Number 713-676-0281

II. Basis for JurisdictionThis action is brought for discrimination in employment pursuant to *(check all that apply)*:

- ☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☒ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☒ Other federal law *(specify the federal law)*:

FORGERY OF EMPLOYEE SIGNATURE ON PERSONNEL DOCUMENTS

- ☒ Relevant state law *(specify, if known)*:

SEE EEOC CLAIM NO. 460-2020-03297V (RE: FEDERAL LAW)

- ☐ Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts *(specify)*: VIOLATION OF FMLA RIGHTS & DISREGARD TO WORKER'S COMPENSATION CONSIDERATION DUE TO ON THE JOB INJURY & FAILURE TO PROVIDE NECESSARY EQUIPMENT TO SAFELY PERFORM JOB

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

EARLY 2019 RE: ON THE JOB INJURY, THEN NOVEMBER 2019 THROUGH FEBRUARY 2020 REGARDING FMLA ISSUE AND THEN SUBSEQUENT TERMINATION (WRONGFUL TERMINATION IN FEBRUARY 2020)

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.
- ☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☐ race _____
- ☐ color _____
- ☐ gender/sex _____
- ☐ religion _____
- ☐ national origin _____
- ☒ age *(year of birth)* 1962 *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*

NO ACCOMODATIONS FOR DOCTORS'
 APPOINTMENTS AND VIOLATIONS OF FMLA
 RIGHTS DESPITE FMLA APPROVAL FOR SAID
 APPOINTMENTS AND MOCKERY OF ALLEGED
 WORKER'S COMPENSATION ALTERANATIVE
 AFTER ON THE JOB INJURY DUE TO FAILURE
 TO PROVIDE EQUIPMENT TO PERFORM JOB
 SAFELY & EFFICIENTLY AND THREAT FROM
 MANAGEMENT REQUIRING MANUAL LABOR
 TO LIFT FREIGHT WHEN EQUIPMENT NOT
 PROVIDED; THEN REQUIRED TO "HEAL"
 AFTER 2 VISITS TO COMPANY SELECTED
 PHYSICIAN

E. The facts of my case are as follows. Attach additional pages if needed.

I SOUGHT FMLA APPROVAL TO ACCOMMODATE AND MAKE ARRANGEMENTS FOR DOCTORS APPOINTMENTS FOR DIABETES THAT I HAVE MANAGED (AND PASSED DEPT OF TRANSPORTATION MANDATES FOR YEARS). ADDITIONALLY, I NEEDED ACCOMODATIONS FOLLOWING AN ON THE JOB INJURY THAT THE COMPANY SELECTED PHYSICIAN ONLY PERMITTED 2 OFFICE/PHYSICAL THERAPY SESSIONS. I OBTAINED A SPECIAL FMLA APPROVAL FOR APPOINTMENTS; HOWEVER, DESPITE ADVANCED NOTICE OF APPOINTMENTS THE DISPATCHER WOULD CALL ME, EVEN WHILE AT APPOINTMENTS, DEMANDING A TIME THAT I NEEDED TO BE AT WORK AND THREATENED MY JOB AND SUBSEQUENTLY TERMINATED ME. ALSO, THE MEDICATIONS (OR CHANGE OF SAME) REQUIRED AN ADJUSTMENT BY MY BODY AND I INFORMED COMPANY OF NEED TO USE THE RESTROOM AND REGIONAL MANAGER, SAFETY MANGER AND HUMAN RESOURCES MANAGER CALLED A MEETING WITH ME AND ADVISED THAT I SHOULD HAVE DEFACATED ON MYSELF AND WAITED UNTIL THE NEXT TRUCK STOP UNKNOWN MILES AWAY TO GO CHANGE OR CLEAN MYSELF IN LIEU OF MY EMERGENCY DECISION TO PARK OFF SIDE OF THE ROAD FOLLOWING ALL HAZARD PRECAUTIONS TO GO TO A GENERAL PUBLIC RESTROOM. JOKES/COMMENTS WERE MADE BY MANAGEMENT THAT I NEED TO GET DEPENDS OR GO GET ANOTHER JOB. ADDITIONALLY, THE COMPANY FALSIFIED AND FORGED MY SIGNATURE ON A DOCUMENT REGARDING A TRAFFIC INCIDENT WHICH INTERNALLY ERRONEOUSLY REFLECTED THAT I WAS ON PROBATION, WHEN IN FACT, I WAS NOT ON PROBATION WHICH THE COMPANY USED AS GROUNDS FOR TERMINATION WHEN A TOTALLY UNRELATED INCIDENT AROSE SOME TIME LATER.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

JUNE 30, 2020

B. The Equal Employment Opportunity Commission *(check one)*:☐

has not issued a Notice of Right to Sue letter.

☒issued a Notice of Right to Sue letter, which I received on *(date)* 8/15/2021.*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:☒

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

LOSS WAGES SINCE 2/2020 AT THE RATE OF \$31/HOUR AVERAGING 70+ HOURS PER WEEK, RESULTING IN ABOUT \$112,840 FOR THE PERIOD FROM 2/2020 THROUGH 2/2021, PLUS \$84,630 FOR THE PERIOD 3/2021 THROUGH THE PRESENT DATE FOR A TOTAL OF \$197,470.

ALSO, LOSS OF EMPLOYMENT AT MY AGE HAS DENIED ME THE OPPORTUNITY TO WORK THROUGH EARLY SOCIAL SECURITY RETIREMENT AND SEEK BENEFITS AT AGE 62. LOSS OF WAGES THROUGH AGE 62 TOTAL FROM THE PRESENT DATE TOTAL IN EXCESS OF \$300,000.

TOTAL LOSS: \$497,470.00

IN ADDITION, PUNITIVE DAMAGES IN THE AMOUNT OF \$1,000,000 ARE HEREBY SOUGHT.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

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A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12/10/21

Signature of Plaintiff

Printed Name of Plaintiff

JONATHAN K. ISAIAH, PRO SE

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____